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PATENT APPLICATION FEE DETERMINATION REGIOND Substitute for Form PTO-875										Application of Docket Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL E	ENTITY	OR	OTHER THAN OR SMALL ENTITY	
	FOR		NUMBER FILED		NUMB	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	IC FEE FR 1.16(a), (b), or (	c))	N/A			N/A		N/A			N/A	
	RCH FEE FR 1.16(k), (i), or (r	n)) .	. N/A			N/A	1.	N/A .	: .		· N/A	
EXA	MINATION FEE FR 1.16(o), (p), or (		N/A			N/A	1-1	N/A	·		N/A	
TOT	AL CLAIMS CFR 1.16(i))	*	minus 20 =				1	× 25 =	<del></del>	OR	× 50 =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3	= •		1	× 105 =			× 210 =	
	LICATION SIZE				and drawings e application s							
FEE		is \$	is \$260 (\$130 for small additional 50 sheets or t			r each						
					(G) and 37 CF							•
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								185			3₹0	
• If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		j	TOTAL	
APPLICATION AS AMENDED – PART II												
7-25-08 (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAII REMAII AFTE AMENDI	IING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.18(i))	. 10		Minus	<sup>-</sup> 20	-	]	× 25 =	٠.	OR	x 50 =	
	Independent (37 CFR 1.16(h))	. 3		Minus	<u>".S</u>	= 1	1	x 105 =		OR	× 210 =	
MA.	Application Siz	ication Size Fee (37 CFR 1.16(s))					]					
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							185		OR	370 !!!!!	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column	1)		(Column 2)	(Column 3)						,
MENT B		CLAIN REMAIN AFTE AMENDI	IING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16())	•		Minus	**	= .	1	× 25 =		OR	× 50 =	
Q.	independent (37 CFR 1.16(h))	•		Minus	***	=	1	× 105 =		OR	× 210 =	
AMENC	Application Size Fee (37 CFR 1.16(s))						1		· · · · · · · · · · · · · · · · · · ·	1		
ď	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							185		OR	3 70 N/A	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

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